

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

REQUEST FOR PAYMENT OF HONORARIUM TO GUEST LECTURER FORM

PART I - REQUEST FOR APPROVAL OF HONORARIUM (Must be submitted to Bureau/Division/Section head at least two (2) weeks in advance of date of the proposed visit, with copies of approved form sent to DCFS budget unit and DCFS Fiscal Services Section.)

IDENTIFYING INFORMATION			
Division:		Address:	
Bureau/Section:		City/State/Zip:	
Budget Unit:		Phone:	
		Budget Unit #:	
Name of Lecturer:		Social Security Number:	
Address:		City/State/Zip:	
Credentials of Lecturer:			
BRIEF DESCRIPTION OF SERVICES TO BE PROVIDED (Include purpose of request, summary of content, dates of service to be provided; attach summary sheet, if needed):			
HONORARIUM AMOUNT AND TRAVEL EXPENSES			
HONORARIUM AMOUNT			\$
TRAVEL EXPENSES			
LUMP SUM ALLOWANCE			\$
TRANSPORTATION	AUTOMOBILE	\$	\$
	AIRPLANE	\$	
	OTHER	\$	
SUBSISTENCE	LODGING	\$	\$
	MEALS	\$	
TOLLS AND PARKING			\$
TIPS			\$
OTHER EXPENSES			\$
TOTAL TRAVEL COSTS			\$
TOTAL EXPENSES (HONORARIUM AND TRAVEL EXPENSES)			\$
SOURCE OF FUNDS FOR HONORARIUM AND TRAVEL EXPENSES <input type="checkbox"/> State Funds <input type="checkbox"/> Other Funds (specify revenue source):			

In submitting this request for approval of the honorarium, I certify that this lecturer has not exceeded the limit of two (2) honoraria from the Department of Children and Family Services for the fiscal year .

Submitted by:

Printed Name

Title

Signature

Date

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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TO GUEST LECTURER (Page 2)**

Name of Lecturer: _____

APPROVAL BY BUREAU/DIVISION/SECTION HEAD

☐ Approved ☐ Not Approved

Signature of Bureau/Division/Section Head

Date

APPROVAL BY DCFS UNDERSECRETARY (required for requests if the honorarium payment exceeds \$300/day, or total payment exceeds \$2,500)

☐ Approved ☐ Not Approved

Signature of DCFS Undersecretary or Designee

Date

PART II - REQUEST FOR PAYMENT OF HONORARIUM (Must be submitted to DCFS Fiscal Services Section after speaking engagement has occurred.)

In submitting this request for payment of the honorarium, I certify that this lecturer has provided speaking services as agreed.

- ☐ Travel Expense Account (TE) Form is attached for related travel expenses
☐ IRS Form W-9 attached

Submitted by: _____
Printed Name

Title

Signature

Date